

# Deposit Authorization Form

## Direct Deposit Authorization Form

Bank Name or  
Credit Union \_\_\_\_\_

Bank Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Routing  
Number \_\_\_\_\_

Type of Account \_\_\_\_\_

Receive  
Statement:

\_\_\_\_\_ Electronically: [email address] \_\_\_\_\_

\_\_\_\_\_ Mail: [business address] \_\_\_\_\_

I authorize Fletcher Group Inc., and my bank to automatically deposit payments into my account listed above. This authorization will remain in effect until I cancel it.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_